



**PATENT**  
Attorney Docket No. 402963/AOYAMA

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

INOUE et al.

Application No. 10/770,414

Filed: February 4, 2004

For: SEMICONDUCTOR DEVICE

Art Unit: 2826

Examiner: F. Abraham

**RESPONSE TO OFFICE ACTION**

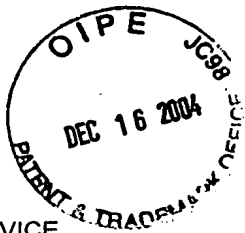
U.S. Patent and Trademark Office  
220 20<sup>th</sup> Street S. Customer Window, Mail Stop Amendment  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

Dear Sir:

In response to the Office Action dated October 18, 2004, please enter the following amendments and consider the following remarks.

IFW

FQRM PTO-1083



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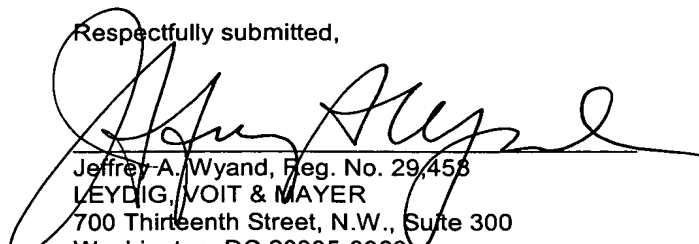
Sir:

- ☐ Small entity status is claimed for this application under 37 CFR 1.27.
- ☒ Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☐ Other:
- ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
TIME EXTENSION PETITION FEE		none			\$ 0.00		\$ 0.00	
	subtract time extension fee previously paid	none			(\$ 0.00)		(\$ 0.00)	
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADDIT. CLAIM FEE	RATE	ADDIT. CLAIM FEE
TOTAL		MINUS		=0	x 9=	\$	x 18=	\$
INDEPENDENT		MINUS		=0	x 44=	\$	x 88=	\$
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 150=	\$	+ 300=	\$
<b>TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT</b>					TOTAL	\$	TOTAL	\$

- ☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

  
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Date: Dec 16, 2004  
JAW:ves